FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99 OMB Number 2040-0086

FORM

NPDES FORM 2S APPLICATION OVERVIEW

2S NPDES

PRELIMINARY INFORMATION

This page is designed to indicate whether the applicant is to complete Part 1 or Part 2. Review each category, and then complete Part 1 or Part 2, as indicated. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted.

FACILITIES INCLUDED IN ANY OF THE FOLLOWING CATEGORIES MUST COMPLETE PART 2 (PERMIT APPLICATION INFORMATION).

- 1. Facilities with a currently effective NPDES permit.
- 2. Facilities which have been directed by the permitting authority to submit a full permit application at this time.

ALL OTHER FACILITIES MUST COMPLETE PART 1 (LIMITED BACKGROUND INFORMATION).



Form Approved 1/14/99 OMB Number 2040-0086 **FACILITY NAME AND PERMIT NUMBER:** PART 1: LIMITED BACKGROUND INFORMATION This part should be completed only by "sludge-only" facilities - that is, facilities that do not currently have, and are not applying for, an NPDES permit for a direct discharge to a surface body of water. For purposes of this form, the term "you" refers to the applicant. "This facility" and "your facility" refer to the facility for which application information is submitted. **Facility Information.** Facility name Mailing Address Contact person Title Telephone number Facility Address (not P.O. B ox) Indicate the type of facility Publicly owned treatment works (POTW) Privately owned treatment works Federally owned treatment works Blending or treatment operation Sewage sludge incinerator Surface disposal site Other (describe) 2. Applicant Information. Applicant name Mailing Address Contact person Title Telephone number Is the applicant the owner or operator (or both) of this facility? operator owner Should correspondence regarding this permit be directed to the facility or the applicant? facility applicant

FACILITY NAME AND PERMIT	NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
a. Amount generated at the b. Amount received from oc. Amount treated or blend d. Amount sold or given as e. Amount applied to the large. Amount placed on a sur h. Amount fired in a sewage i. Amount sent to a municipal form of the sewage of the sewage is a mount used or dispose the first of the sewage of the	rovide the total dry metric tons per efacility If site led on site way in a bag or other container for sludge shipped off site for treatment in bulk form face disposal site ge sludge incinerator sipal solid waste landfill led by another practice	application to the land ent or blending COC SHC	ombounder 2040-0086 sludge handled under the following practices: dry metric tons
POLLUTANT	CONCENTRATION (mg/kg dry weight)	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
ARSENIC 1505	2 9 000 110	SUPPLETADED	mal In
CADMIUM 502	i 21 mail a	SUNCHIA LANIA	mail. A No
CHROMIUM 502	12 2 2	100340 WID	noci o E
COPPER (= CY)	127 000	100 540 1000 16:0 6:11 1000	
1)()5)	13 morra	1510 X40 000	I May Oil
(15)	(o'O LUOING)	5W 840 0010	Mal 0.5
MERCURY 500	0.3 milia	1500 840 7471	mal o.b
MOLYBDENUM TO	7:7 mg/kg	1511) 2410 6010	mul N.5
NICKEL 503	13.7 malla	511) 8410 10010	mil 0.2
SELENIUM PO	2.0 milks	EVID 8410 1000	malia
ZINC 503	21.5 MILY	5118/11/1010	MIL A DE
5. Treatment Provided At Yo	our Facility.		
	en reduction does the sewage slu	dae meet et vour fecility?	
Class A	Class B Neith		
			190 A
b. Describe, on this form	or another sneet of paper, any tre	eatment processes used at your to	acility to reduce pathogens in sewage sludge:
Centrification P	ac System, old Sapt 201 Ying Dects	planned for V. Gravita (u.v)	datapment Beit thickeners

c. Which vector attraction reduction option is met for the sewage sludge at your facility? Option 1 (Minimum 38 percent reduction in volatile solids) Option 2 (Anserobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested sludge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with our unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage sludge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage sludge: ***********************************		Form Approved 1/14. OMB Number 2040-	Option 1 (Minimum 38 percent reduction in volatile solids Option 2 (Anaerobic process, with bench-scale demonstrat Option 3 (Aerobic process, with bench-scale demonstrat Option 4 (Specific oxygen uptake rate for aerobically dig Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown Describe, on this form or another sheet of paper, any treatment presewage studge:					
Option 2 (Anaerobic process, with bench-scale demonstration) Option 3 (Aerobic process, with bench-scale demonstration) Option 4 (Specific oxygen uptake rate for aerobically digested studge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and ratain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction propsewage studge: ***ACC *** The Company of the County of the Coun		at your facility?	Which vector attraction reduction option is met for the sewage sludge					
Option 3 (Aerobic process, with bench-scale demonstration) Option 5 (Aerobic processes plus raised temperature) Option 5 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with unstabilized solids) Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If no, is sawage studge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If no, go to question 7 (Use and Disposal Sites). If yes, provide the following Information for the facility receiving the sewage studge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			Option 1 (Minimum 38 percent reduction in volatile solids)					
Option 4 (Specific oxygen uptake rate for aerobically digested studge) Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with no unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: ***ACC ** ACC **		1)	Option 2 (Anaerobic process, with bench-scale demonstration					
Option 5 (Aerobic processes plus raised temperature) Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with unstabilized solids) Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiting concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? YesNo If yes, go to question 8 (Certification). If no, is sewage studge from your facility provided to another facility for treatment, distribution, use, or disposal? YesNo If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage studge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			Option 3 (Aerobic process, with bench-scale demonstration					
Option 6 (Raise pH to 12 and retain at 11.5) Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: ***Sewage Studge Sent to Other Facilities.**Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations. Class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If yes, go to question 8 (Certification). If no, is sewage studge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If yes, provide the following information for the facility receiving the sewage studge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Sale or give-away in bag or other container Land application Surface disposal		i sludge)	Option 4 (Specific oxygen uptake rate for aerobically digeste					
Option 7 (75 percent solids with no unstabilized solids) Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soil within 6 hours) Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal								
Option 8 (90 percent solids with unstabilized solids) Option 9 (Injection below land surface) Option 10 (Incorporation into soid within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? YesNo If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? YesNo If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal								
Option 10 (Incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-87 YesNo If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? YesNo If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Surface disposal								
Option 10 (incorporation into soil within 6 hours) Option 11 (Covering active sewage studge unit daily) None or unknown d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction prop sewage studge: Sewage Studge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? YesNo If yes, go to question 8 (Certification). If no, is sewage studge from your facility provided to another facility for treatment, distribution, use, or disposal? —		•						
Sewage Sludge Sent to Other Facilities. Does the sewage sludge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? Yes								
Sewage Sludge Sent to Other Facilities. Does the sewage studge from your facility meet the Table 1 ceiling concentrations, the pollutant concentrations. Class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal	perties of	ses used at your facility to reduce vector attraction properti						
pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? YesNo If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? YesNo If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal		MOVORATION testing.						
pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal	ir115	ADA ANT ATTENT VITI	CE VICIDIE HPIMIEL					
pollutant concentrations, Class A pathogen requirements, and one of the vector attraction options 1-8? Yes No If yes, go to question 8 (Certification). If no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? Yes No If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal	., 0.0	May care care and						
if no, is sewage sludge from your facility provided to another facility for treatment, distribution, use, or disposal? YesNo If no, go to question 7 (Use and Disposal Sites). If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal	3 1 8 DIE 3	rour facility meet the Table 1 ceiling concentrations, the Tab actor attraction options 1-8?	utant concentrations, Class A pathogen requirements, and one of the					
Yes			es, go to question 8 (Certification).					
If yes, provide the following information for the facility receiving the sewage sludge: a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal		or treatment, distribution, use, or disposal?						
a. Facility name b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			o, go to question 7 (Use and Disposal Sites).					
b. Mailing address c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal		ewage sludge:	es, provide the following information for the facility receiving the					
c. Contact person Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			Facility name					
Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			Mailing address					
Title Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal								
Telephone number d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal			Contact person					
d. Which activities does the receiving facility provide? (Check all that apply) Treatment or blending Sale or give-away in bag or other container Land application Surface disposal								
Treatment or blendingSale or give-away in bag or other containerLand applicationSurface disposal								
Land application Surface disposal		ply)	Which activities does the receiving facility provide? (Check all that a					
 · · · ·		bag or other container	Treatment or blending Sale or give-away					
Incineration Other (describe):			Land application Surface disposal					
·			Incineration Other (describe):					

FA	CILIT	Y NAME AND PERMIT NUMBER:		Form Approved 1/14/99 OMB Number 2040-0086
7.	Use a. b.	Site name or number Contact person Title Telephone Site location (Complete 1 or 2) 1. Street or Route # County City or Town 2. Latitude OE/14 Sully Site type (Check all that apply) Agricultural Lawn or home garden	III BIII BIII BUHC	coordinator Rd
8.	I ce sys or i kno pos Na Sig	Surface disposal Public Contact Reclamation Municipal Solid Waste rtification. Sign the certification statement below. (Refer to ertify under penalty of law that this document and all attachm stem designed to assure that qualified personnel property gail persons who manage the system or those persons directly re	Landfill instructions to nents were prepther and evaluesponsible for	Incineration Other (describe): odetermine who is an officer for purposes of this certification.) pared under my direction or supervision in accordance with the ate the information submitted. Based on my inquiry of the person gathering the information, the information is, to the best of my e significant penalties for submitting false information, including the
SEN	id Co	DMPLETED FORMS TO:	5161 Sur. 5	VED. EE 149.





September 1, 2006

EPA C/O: Dick Heatherington 1200 6th avenue Seattle, Wa 98101

Re: Current Status of the City of Rexburg Bio-solids handling

Dear Dick,

The City of Rexburg Wastewater treatment Plant is sending this letter along with some data to let you know that the City has recently purchased our own property for the bio-solids disposal. The City purchased a 40 acre parcel, approximately 18 miles west of Rexburg. This property is located in the area of the Madison county landfill. I am enclosing an aerial photo, and a legal property description for your records.

In May of 2006 the city hauled approximately 430 tons of Bio-solids to the Madison county landfill, prior to the acceptance of this I re-wrote the operation plan for Madison county and got the county commissioners blessings along with the district health department. The City also rented equipment to incorporate the bio-solids into the soil, at the landfill. I am enclosing the letter of acceptance for the operations plan, and the testing results of the May Bio-solids.

In August of 2006 the City of Rexburg hauled 778 tons of Bio-solids to the 40 acre plot that we have acquired. We are enclosing copies of those results as well, I hope that we have enclosed all the information and data that is needed for our reporting if there are any questions please do not hesitate to contact me, Donna Archibald (208)-359-3035 I will do my best to assist with any questions. Please advise me as to whether the City needs to apply for a different type of sludge permit, for hauling to our own land, thank you for your time in these matters.

Sincerely,

John Millar

Public Facility Coordinator

City of Rexburg

Donna Archibaid Wastewater Foreman

City of Rexburg

CC: DEQ William Tuescher 900 N skyline suite B Idaho Falls, Idaho



900 North Skyline Dr., Suite B • Idaho Falls, Idaho 83402-1718 • (208) 528-2650

Dirk Kempthorne, Governor Toni Hardesty, Director

May 16, 2006

Danna Archibald Wastewater Department City of Rexburg P.O. Box 280 Rexburg, ID 83440

Re: Request for Landfill Disposal of Wastewater Treatment Biosolids

Dear Mrs. Archibald

The Department of Environmental Quality (DEQ) has reviewed your request to dispose of treated biosolids from the wastewater treatment plant to the county landfill. The heavy metal test results submitted are well below the pollutant concentration limits. Per your letter the biosolids being hauled have been dewatered through the centrifuge system and or been air dried on the drying beds.

Please be advised that your Sludge Management Plan should be modified to reflect this change and your annual report to EPA should reflect the quantity of hauled biosolids to the landfill. If you have any questions please fill free to call.

Sincerely,

William Teuscher PE

Water Quality Engineer

Idaho Falls Regional Office

C:

James Johnston, Regional Administrator DEQ IFRO Kellye Eager, Environmental health Director D7H IF John Millar, City of Rexburg

Operation Plan for Madison County Landfill

Addendum

The following changes should be made to the operations plan for the Madison County Landfill, in Madison County, Idaho.

The following additions should be made to: (Section O; part 4;) to read:

O. Special Wastes

Below are listed special wastes and procedures for handling such waste

iv. Sewage Sludge

Sludge is defined by Title 39 chapter 74 of the Idaho code to mean "any solid, semisolid, or liquid waste generated from a municipal, commercial, or industrial wastewater treatment facility, or air pollution control facility exclusive of the treated effluent from a wastewater treatment plant" Idaho Code defines septage to mean" a semisolid material generated from a septic tank, or lagoon system"

Wastewater Bio-solids treated through centrifuge for dewatering or dried through drying bed process by UV may be allowed as long as the following is approved, and reviewed by DEQ, and District 7 Health department, to meet the 503 sludge requirements for heavy metals, pathogens, and paint filter requirements. Upon the written approval process, and proper filing requirements Madison County Landfill will work to accept the process, upon the availability of the Madison County Landfill. This does not mean that the Madison County landfill has to accept any or all waste of this nature.

Upon arrangements for accepting such bio-solids the County landfill will work the Bio-solids into a composting material with either the available dirt, or sand. This will either be stock piled or mixed and used as an overlay for burying landfill material.

City of Rexburg Bio-solids data 2006

May 22, 200	$\mathbf{A}_{\mathbf{I}}$	pprox: Tons
	wheeler loadsbtail loads	
May 23, 200	6	
	wheeler loadsotail loads	=
May 24, 200	06	
	wheeler loadsbtail loads	_
August 24, 20	006	
	o wheeler loadsobtail loads	
August 25, 20	006	
	wheeler loads obtail loads	
August 28 & 29 20	06	
23S	preader truck loads	92 tons
Aug	y Totals482 dry tongust Totals617 dry tong oroximate tons of Bio-sol	S

171096. RX First American Title Company

DRAFTED BY:

Karl R. Decker Holden, Kidweil, Hahn & Crapo, P.L.L.C.. 1000 Riverwalk Drive, Sulte 200 P.O. Box 50130 Idaho Falls, ID 83405 208-523-0620 Instrument # 330285
REXBURG, MADISON, IDAHO
2006-08-11 04:04:00 No. of Pages: 2

2006-08-11 04:04:00 No Recorded for : FIRST AMERICAN MARILYN R. RASMUSSEN

Ex-Officio Recorder Deputy

Fee: 6.00

WARRANTY DEED

WARRANTY DEED made this 2006, between Ira A. Hardy and Virginia Hardy, husband and wife, whose mailing address is 3644 E. 800 N., Menan, Idaho 83434, herein referred to as Grantor (whether one or more, male and/or female), and The City of Rexburg, whose mailing address is P.O. Box 280, Rexburg, Idaho 83440, herein referred to as Grantee (whether one or more male and/or female), witnesseth:

That Grantor, for and in consideration of the sum of TEN Dollars (\$10.00) and other good and valuable consideration, the receipt whereof is hereby acknowledged, has granted, bargained, and sold, and does, by these presents, grant, bargain, sell, convey, and confirm unto Grantee and to his heirs and assigns forever, all the following described real estate located in the County of Madison. State of Idaho:

SE¼SW¼ of Section 26, Township 6 North, Range 38 East Boise Meridian, Madison County, Idaho,

TOGETHER with all appurtenant roadway easements and rights of way for ingress and egress of record.

TOGETHER with all water, water rights, ditches and ditch rights thereunto belonging or in anywise appertaining, usually had and enjoyed.

SUBJECT TO:

- 1. Taxes and assessments for the year 2006 and all subsequent years.
- 2. Any facts, rights, interests or claims which are not shown by the public records but which could be ascertained by an inspection of said land or by making inquiry of persons in possession thereof.
- 3. Unpatented mining claims, reservations or exceptions in patents or in acts authorizing the issuance thereof.
- 4. All reservations, restrictions, easements, road and road rights of way, ditch and ditch rights of way, zoning restrictions, governmental regulations and protective covenants of record.
- 5. Discrepancies, conflicts in boundary lines, shortage in area, encroachments or any other facts which a correct survey would disclose.
- 6. Any claim or loss arising from the old county landfill located on the property.

WARRANTY DEED - 1

- 7. Levies and assessments of the Fremont Madison Irrigation District.
- 8. The effect of Quitclaim Deed from Union Pacific Railroad Company to Union Pacific Land Resources recorded June 20, 1980, as Instrument No. 184500, Official Records of Madison County, Idaho, and the effect of mineral right reservations described in a Quitclaim Deed between Union Pacific Railroad Company, to Ira A. Hardy and Virginia Hardy, dated March 11, 1980 and recorded June 20, 1980, Instrument No.184502, Official Records of Madison County, Idaho.
- 9. All matters, and any rights, easements, interests or claims which may exist by reason of or disclosed by survey recorded August 9, 1984, Instrument No. 205240, Official Records of Madison County, Idaho.
- 10. Right-of-way or easement of Twin Butte Road.

TOGETHER with all and singular the tenements, hereditaments, and appurtenances thereunto belonging or in anywise appertaining, specifically including the reversion and reversions, remainder and remainders, rents, issues, and profits thereof; and all estate, right, title and interest in and to the property, as well in law as in equity.

TO HAVE AND TO HOLD, all and singular the above-described premises together with the appurtenances unto grantee and to his heirs and assigns forever.

And Grantor and his heirs shall and will warrant and by these presents forever defend the premises in the quiet and peaceable possession of Grantee, his heirs, and assigns against Grantor and his heirs and against all and every person and persons whomsoever lawfully claiming the same.

IN WITNESS WHEREOF, Grantor has hereunto set his hand on the day and year first above written.

Ira A. Hardy by his attorney in fact Nola

Hartgraves

Virginia Hardy by her aftorney in fact Nola

Hartgraves

STATE OF IDAHO

SS.

County of Bonneville

On the ______ day of August, 2006, before me, Karl R. Decker, the undersigned Notary Public in and for the State of Idaho, personally appeared Nota Hartgraves, known to me to be the person whose name is subscribed to the within within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the within the person whose name is subscribed to the person whose name is subscribed to the person whose name is subscribed to the person whose name is not person whose na

Notary Public for State of Idaho

Residing at: Idaho Falls

My Commission Expires: May 10, 2009

WARRANTY DEED - 2

Analytical Laboratories, Inc.

1804 N. 33rd Street Boise, Idaho 83703 Phone (208) 342-5515 http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0607487

Collected By: JADE LEWIS

202

3

Submitted By: FED EX

Source of Sample:

SHARPLES SLUDGE

Attn: DONNA ARCHIBALD

CITY OF REXBURG 12 N CENTER P O BOX 280

REXBURG, ID 83440

Time of Collection: 11:55 Date of Collection: 3/13/2006

Date Received: Report Date:

3/14/2006 3/21/2006

Dry Weight Results: mg/kg Arsenic < 60 1.3 Cadmium Chromium 15 150 Copper Lead 12 0 04 Mercury Molybdenum < 30 Nickel 17 < 60 Selenium Silver 41

Zinc Cyanide

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analys
Arsenic 503		<10	mg/kg	1.0	SW 846 6010	3/17/2006	KC
Cadmium 503		0.21	mg/kg	0 05	SW 846 6010	3/17/2006	KC
Chromium 503		26	mg/kg	05	SW 846 6010	3/17/2006	KC
Copper 503		25.2	mg/kg	01	SW 846 6010	3/17/2006	KC
Lead 503		20	mg/kg	0.5	SW 846 6010	3/17/2006	KC
Mercury 503		0 06	mg/kg	0 02	SW 846 7471	3/16/2006	JS
Metals Digestion		•			SW 846 3050	3/15/2006	JS
Molybdenum 503		<0.5	mg/kg	0.5	SW 846 6010	3/17/2006	KC
Nickel 503		29	mg/kg	02	SW 846 6010	3/17/2006	KC
Selenium 503		<10	mg/kg	1.0	SW 846 6010	3/17/2006	KC
Silver 503		0 69	mg/kg	0.05	SW 846 7760	3/20/2006	ЛН
Zinc 503		34.0	mg/kg	0 05	SW 846 6010	3/17/2006	KC
Dry Weight Calculation		*	~ ~			3/21/2006	SK
Cyanide 503, Total		0.51	mg/kg	0 05	SM 4500	3/14/2006	ww
Total Solids		168	%	0 200	SM 2540 G	3/17/2006	DLR

Thank you for choosing Analytical Laboratories for your testing needs

If you have any questions about this report, or any future analytical needs, please contact: Sandy Koch

MCI - Maximum Contamination Level MDL - Method/Minimum Detection Limit UR =

Analytical Laboratories, Inc.

1804 N. 33rd Street Boise, Idaho 83703 Phone (208) 342-5515 http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0607485

Collected By: JADE LEWIS
Submitted By: FED EX

Attn: DONNA ARCHIBALD CITY OF REXBURG 12 N CENTER P O BOX 280

REXBURG, ID 83440

Source of Sample:

SLAB-SOUTH SLUDGE

Time of Collection: 11.50
Date of Collection: 3/13/2006
Date Received: 3/14/2006

Report Date:

3/21/2006

Dry Weight Results:	mg/kg
Arsenic	< 61
Cadmium	12
Chromium	15
Copper	162
Lead	10
Mercury	0 12
Molybdenum	36
Nickel	15
Selenium	< 6 1
Silver	4 8
Zinc	207
Cyanide	3

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Arsenic 503		<1.0 '	mg/kg	1.0	SW 846 6010	3/17/2006	KC
Cadmium 503		0.20	mg/kg	0 05	SW 846 6010	3/17/2006	KC
Chromium 503		2 4	mg/kg	0.5	SW 846 6010	3/17/2006	KC
Copper 503		26.7	mg/kg	0.1	SW 846 6010	3/17/2006	KC
Lead 503		1.6	mg/kg	0.5	SW 846 6010	3/17/2006	KC
Mercury 503		0 02	mg/kg	0 02	SW 846 7471	3/16/2006	JS
Metals Digestion		*	0 0		SW 846 3050	3/15/2006	JS
Molyhdenum 503		06	mg/kg	0 5	SW 846 6010	3/17/2006	KC
Nickel 503		24	mg/kg	02	SW 846 6010	3/17/2006	KC
Selenium 503		<1.0	mg/kg	1.0	SW 846 6010	3/17/2006	KC
Silver 503		0.79	mg/kg	0 05	SW 846 7760	3/20/2006	JН
Line 503		34.2	mg/kg	0 05	SW 846 6010	3/17/2006	KC
Dry Weight Calculation		*	3 · 0			3/21/2006	SK
Cyanide 503, Total		0.42	mg/kg	0.05	SM 4500	3/14/2006	ww
Total Solids		165	%	0 200	SM 2540 G	3/17/2006	DLR

MCL - Maximum Contamination Level MDL - Method/Minimum Detection Limit UR =

Unregulated

Thank you for choosing Analytical Laboratories for your testing needs

If you have any questions about this report, or any future snalytical needs, please contact: Sandy Koch

Analytical Laboratories, Inc.

1804 N 33rd Street Boise, Idaho 83703 Phone (208) 342-5515 http://www.analyticallaboratories.com

Laboratory Analysis Report

Sample Number: 0607486

Collected By: JADE LEWIS Submitted By: FED EX

Source of Sample:

SLAB-NORTH SLUDGE

Attn: DONNA ARCHIBALD

CITY OF REXBURG 12 N CENTER P O BOX 280 REXBURG, ID 83440

Time of Collection: 11:50

Date of Collection: 3/13/2006

Date Received:

3/14/2006

Report Date:

3/21/2006

Dry Weight Results:	mg/kg
Arsenic	< 5 9
Cadmium	17
Chromium	17
Copper	161
Lead	12
Mercury	0 24
Molybdenum	3.0
Nickel	19
Selenium	5 9
Silver	3.4
Zinc	219
Cyanide	3

Test Requested	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
507		<1.0	mg/kg	1.0	SW 846 6010	3/17/2006	KC
Arsenic 503		0.29		0.05	SW 846 6010	3/17/2006	KC
Cadmium 503		2.9	mg/kg	0.03	SW 846 6010	3/17/2006	KC
Chromium 503		2.9 27.2	mg/kg mg/kg	0.1	SW 846 6010	3/17/2006	KC
Copper 503		20	mg/kg	0.1	SW 846 6010	3/17/2006	KC
Lead 503		0 04	mg/kg	0 02	SW 846 7471	3/16/2006	1S
Mercury 503		*	mgrag	0 02	SW 846 3050	3/15/2006	JS
Metals Digestion		0.6	/h	0.5	SW 846 6010	3/17/2006	KC
Molybdenum 503		0.5	mg/kg		SW 846 6010	3/17/2006	KĊ
Nickel 503		3 2	mg/kg	02	• •		
Selenium 503		<10	mg/kg	10	SW 846 6010	3/17/2006	KC
Silver 503		0.57	mg/kg	0.05	SW 846 7 7 60	3/20/2006	Ж
7.mc 503		370	mg/kg	0 05	SW 846 6010	3/17/2006	KC
Dry Weight Calculation		*				3/21/2006	SK.
Cyanide 503, Total		0.43	mg/kg	0 05	SM 4500	3/14/2006	ww
Total Solids		16.9	%	0.200	SM 2540 G	3/17/2006	DLR

Thank you for choosing Analytical Laboratories for your testing needs.

If you have my questions about this roport, or any future analytical needs, please contact: Sandy Koch

MCL - Maximum Contamination Level MDL - Method/Minimum Detection Limit UR = Unregulated

Dita Dannis Drintari - 4/10/2006 A:47 47

CLIENT CODE= 14	myc	03/14/	16				SIUUY	HE	ŲŲ	KU										
Project Manager:	CLIENT IN	VFORMATIO	N:	Projec	A Marana	INFORMA	IION:				AN	ALY		AL I		IS, I	NC	•		
Project Manager: Company:				PWS	Project Name: (503) PWS Number:					(208	342-5	515 •	Fax: (208) 34	12-559	1 - 1-8	00-57		3	
	ity of	Rex	ourq	1	366004				Website: www.analyticallaboratories.com E-mail: ali@analyticallaboratories.com											
Address: 52	5 10	1th	-W1	Purchase Order Number: #\$050					TESTS REQUESTED											
				Required Due Date:																
Phone: (208) 3)m) _ 2	Fax:	69-3055	E-mai	Address:					; , ,	//	/ J		/_	/, /			/,	/\a\	yri ,
Sampled by: (Pleas	se print)	Tade	PHIC TO	nsported by	i: (Please print	1)			ø	N.	ites.		\mathbb{X}	\mathbb{Z}	$\int_{\mathcal{C}}$	/,	/	Jek		- 1897
Lab ID	Date Sampled	Time Sampled		le Descripti	on (Source)		Sample Matrix		Mr.	adra	Jugar.	g All	100							din't
		11.30 m	Slab	Sout	h (Met	nls	INGUIA	X	×	У	X	×	X	X	X		X	X	7	
		11:50an	Slab	South	,				 				<u> </u>						χ	
1								V	10	X	₩	X	X	Х	X	X	У	Х	-	
1486		11:50am		North	Meh	$\overline{}$		X	K	 	X	^				_	<u> </u>		X	
		15 50 an		North	LCN-	7,1									1/	, ,	٠		_	
7487	17-06	11:550.n	Sharpl	<u>e5</u>	Met	<u>a15)</u>	·	Х	X	X	X	K	X	X	X	X	X			
1 1 1 3	3-13-04	11:5a.n	Sharpl Sharpl	<u>es</u>	(CN-				_										X	
			,			•		_												
							······································													
Invoice to: (If differ	rent than	above addre	ess)			Special II	nstructions:		. ^	-04	of	the	Cha		4	CUST	ode			
		_ :::::				14	nstructions: ease retu	n 6	W/r	د برد الاقعا	45		- / (7			
ALLOCATIONS OF I Analytical Laboratori be liable for any other	ies, Inc. er	rors in the co	nduct of a test or pi	ocedure their	on and testing s liability shall be	services, od	tain tindings and i	orepare	repon	s in acci	proance	with (3000 Li	abbraio	iry Piac	rices (i	ULT).	ar, for a	any rea oratori	ason, es, Inc.
Note: Samples are						ples will b	e returned to c	ient cr	dispo	sed of	at clie	nt exp	ense.							
Relinquished By: (Si	Rollinguishou By: (Signature) Pr					15	Company:	. A	f R	exh.	ano.				Date:	13-	06	Tim.	••	P. 19
Received By: (Signat						Tade Lewis Cit					J				Date:			Tim		
Relinquished By: (Si	Relinquished By: (Signature)					nt Name: Company:						 ,.			Date [,]			Time:		
1 111 .	ecoived at Baboratory By: (Signature) Pri					(00:	Company:	Analytical Laboratories							Date: Time: 05/14/06 70:57				<u> </u>	
SAMPLE RECE		Total # of	ontainers: la		Fluw C Custody Seals	s Y (N/	NA Intact: \			Ten						dition:	_	+	₹	
REV 10004				S WITH SAMPLE	(5)	YELLOW LA	الا	PINK	SAMPL		·									

Analytical I 1804 N. 33rd Street Boise, Idaho 83703 Phone (208) 342-5515

Analytical Laboratories, Inc.

Date Report Printed: 8/8/2006 1:15:08 P

http://www.analyticallaboratories.com

Collected By: J LEWIS

Submitted By: FEDEX

SLUDGE SLAB

Source of Sample:

Laboratory Analysis Report

Sample Number: 0623343

Attn: DONNA ARCHIBALD

CITY OF REXBURG

12 N CENTER

P O BOX 280

REXBURG, ID 83440

Time of Collection:

11:00

Date of Collection:

7/20/2006

Date Received:

7/21/2006

Report Date:

8/8/2006

PWS#:

PWS Name:

Fest Reque sted	MCL	Analysis Result	Units	MDL	Method	Date Completed	Analyst
Lecal Coliform - 503		*3,300	MPN/g		SM 9221	7/22/2006	1.M
* Fecal coliform calculated as MPN:	g dry weight						
Arsenic 503		2.9	mg/kg	1.()	SW 846 6010	8/2/2006	KC
Cadmium 503		1.21	mg/kg	0.05	SW 846 6010	8/2/2006	KC
Chromium 503		12.3	mg/kg	0.5	SW 846 6010	8/2/2006	KC
Copper 503		137	mg/kg	0.1	SW 846 6010	8/2/2006	KC
Lead 503		6.0	mg/kg	0.5	SW 846 6010	8/2/2006	KC
Mercury 503		0.3	mg/kg	0.0	SW 846 7471	7/31/2006	K(
Metals Digestion		*			SW 846 3050	7/24/2006	18
Molyhdenum 503		2.7	mg/kg	0.5	SW 846 6010	8/2/2006	KC
Nickel 503		13.2	mg/kg	0.2	SW 846 6010	8/2/2006	KC
Sclemum 503		2.9	mg/kg	1.0	SW 846 6010	8/2/2006	KC
Silver 503		0.89	mg/kg	0.05	SW 846 7760	8/8/2006	111
Zinc 503		265	ing/kg	0.05	SW 846 6010	8/2/2006	KC
Dry Weight Calculation		*				7/27/2006	BMM
Cyanide 503, Total		4.51	mg/kg	0.10	EPA 335.3	8/3/2006	WW
Lotal Solids		92.3	0 0	0.200	SM 2540 G	7/27/2006	DER

Jardia a Kort

Fhank you for choosing Analytical Laboratories for your testing needs

If you have any questions about this report, or any future

ENTINUE	CEKSMA	L 07/7	11/06		CHAIN	OF CU	STODY	REC	COF	RD										
Project Manage	CLIENT II	NFORMATIO)N;	Due	PROJEC	CT INFORMAT	ION:	-			AN	ALY	TIC	AL	LAB	IS, I	NC.	.1		
	Jac	ele	u.5	Pro	oject Name:	03 Me	fals			. 200	18	04 N (33rd St	treet •	Boise	. IDÉ 93	3703 30. 574	رعيه المراح		
Company: /	f. I si	RF.1/12	200	PW	'S Number:			1804 N 33rd Street • Boise, ID 33703 (208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-57777 (208) 342-5515 • Fax: (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-57777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-5777 (208) 342-5591 • 1-800-574-577 (208) 342-575 (208) 342-5591 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-575 (208) 342-												
Address:	1525	Alor H	John W	25 Pui	Purchase Order Number: 8 # 961			E-mail: ali@analyticallaboratories com												
Roxbu	(a , T	n 82	3440		Required Due Date:															
Phone: (28)	359.30	36 Fax:	(208) 359-30)55 E-n	nail Address:			160	3//	J) XII										
Sampled by: (Pl	asca nrinti	- , ,	euis Tra	nsported	l by: (Please pro	intį				211				X	<i>5</i>) (3	y_{\setminus}		97 (
Lab ID	Date Sampled	Time Sampled		le Descri	ption (Source)		Sample Matrix		V2/1					/ /				emarks:		
	7:20-06		Sluda	ا) در	Metals)			Υ	X	X	X	X	X							
23343	7-20-06	1:00 am		\ \	(cliform))									X					
	7-20-6	11:00 am	- , (\	Coliforn	.\									γ					
		11:00m	. 1	١	CN-T	1										X				
<u> </u>			3,009		, \ 	7														
								+										· <u> </u>		
								-												
								-												
				,				-												
Invoice to: (If dif	ferent than a	above addre	essi		-,	Special Ins	structions:	<u></u>			<u> </u>	<u> </u>	<u> </u>					<u></u>		
Analytical Laborat	ories, Inc. eri	rors in the co	itories, Inc. will perfo nduct of a test or pr	ocedure th	neir liability shall	g services, obta be limited to th	in findings and e cost of the les	prepare it or prod	reports cedure	in acco	ordano ted in (e with (error U	Good L Inder no	aborato o circur	ory Prac	ctices (i e will Ar	GLP). It, nalytical	for any re Laborator		
L			obtaining a sample after results are r			moles will be	returned to c	lient or	dispo	sed of	at clie	nt exp	ense.							
Relinquished By:		a 21 days	ater results are i	Print Nam			Company:								Date	;		Time:		
Sade fewis			J	Jade Lewis			ty of Rexbura							7-20-06			2:0			
Received By: (Signature) Pri			Print Nam	ne:		Company	0				J			Date	:		Time:			
Relinquished By:	(Signature)			Print Nam	int Name: Compar			ıy:							Date:			Time:		
Received at Labor	Now By: 15	gnaturei		Print Nad)e/ // // /	, }	Company	An	alyti	ical	Lab	ora	torio	es	Date: - 1/- 06			Time:		
SAMPLE RE	SAMPLE RECEIPT Total # of Containers: Ch				of Custody Sea	<u></u>	NA Intact:	y / N	/ NA	Ten	nperat	ure Re	eceive	d:	Con	dition	:			

e Nei Cambilla

EXECUTI 'E CORRESPOI DENCE





City of Rexburg

STATE OF IDAHO

FD6023817

NILE L. BOYLE

ROSE BAGLEY, CLERK
RICHARD HORNER, TREASURER
& FINANCIAL OFFICER

Jeanette M. Carriveau Water Permits Section Region 10 1200 Sixth Avenue Seattle, WA 98101

P.O. BOX 280
12 NORTH CENTER STREET
REXBURG, IDAHO 83440
PHONE (208) 359-3020
PAST PROPERTY BRANCH

RECION 10 BRANCH

Re: Interim Sewage sludge application

Dear Jeanette:

The City of Rexburg has received the permit application for the sewage sludge permit, we would like to take the time to let you know that we are currently waiting for the actual operating procedures, and guidelines from our design engineer. At this time we do not have the appropriate information available to complete the sewage sludge permit application. Therefore we are not able to forward this information to you. We started operating our new mechanical plant in late October of 1994. When our facility receives this information we will then forward a copy of this to you.

In talking to Nicki Arnold in the Boise office, I told her that between the Seattle office and the Boise office, you have all the records on the pretreatment sampling and all the biomonitoring sampling the City has done and she thought there wasn't a need to send other copy's.

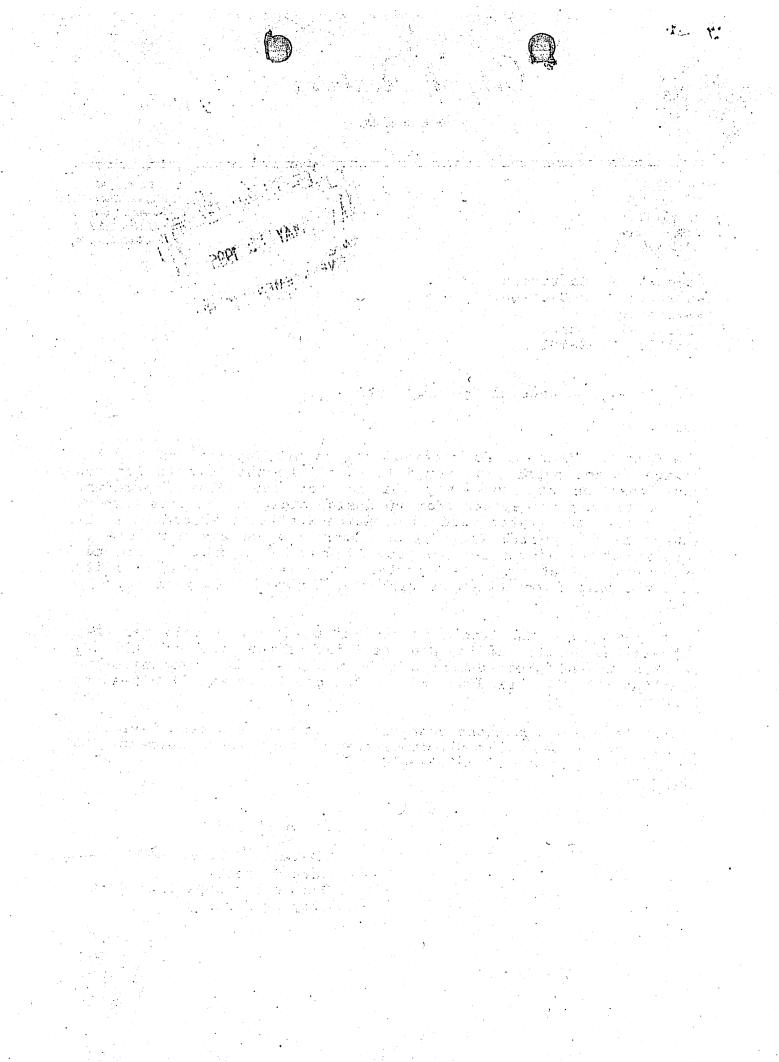
If you have any questions concerning this matter please feel free to contact me, Dave Thibault Wastewater Superintendent between 7:00 am and 4:00 pm, at (208)-359-3035. Thank you.

Sincerely,

Dave Thibault Wastewater Superintendent

City of Rexburg

Postscias



Form Approved
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM!) (OMB No. 158-R0096
APPLICATION FOR PERMIT TO DISCHARGE - SHORT FORM SINCE SINCE APPLICATION NUMBER
FOR PIPE OF THE PI
To be filed only by municipal wastewater dischargers MAY AGENCY PATE RECEIVED
No.: 1995 /h//
ENFORCES YEAR MO. DAY
Do not attempt to complete this form before reading the accompanying instructions BRANCH Please print or type
Please print or type
Oilus of Rachisca
1. Name of organization responsible for facility (:TY)
2. Address, location, and telephone number of facility producing discharge: A. Name City of Rexburo Wastewater treatment Plant
B. Mailing address: Do Boy 200
1. Street address FO. DOX OSO
2. City 1 (X) () 3. County 1 ()
4. State([[1]]) 5. ZIP 5. ZIP
C. Location:
1. Street Civil II.
2. City <u>FCK DUTO</u> 3. County <u>MOOLSOY</u>
4. State 100 350 350 355
D. Telephone No. 208 2097
Area Code
If all your waste is discharged into a publicly owned waste treatment facility and
to the best of your knowledge you are not required to obtain a discharge permit,
proceed to item 3. Otherwise proceed directly to item 4.
If you meet the condition stated above, check here and supply the information asked for below. After completing these items, please complete the date, title, and
signature blocks below and return this form to the proper reviewing office without
completing the remainder of the form.
A. Name of organization responsible for receiving waste
B. Facility receiving waste: 1. Name Bexpure Suppression Wastewater treatment Plant
5 d = 1
Daylorian MANCAO
3. City 4. County 4. County
5. State 6. ZIP 6. ZIP
4. Type of treatment:
A. None B. Primary C. Intermediate D. Secondary E. Advanced
5. Design flow (average daily) of facility 2mgd.
6. Percent BOD removal (actual):
A. 0-29.9 B. 30-64.9 C. 65-84.9 D. 85-94.9 E. 12795 or more
7. Population served:
A.
E.□5,000-9,999 F.๗/10,000 or more
B. Number of separate discharge points:
A.□1 B. br 2 C.□3 D.□4 E.□5 F.□6 or more

9. Description of waste water dischar dato surface waters only (check as appli

Discharge per	Flow, MGD (million gallohs per operating day)							Volume treated before discharging (percent)				
operating day	0-\ 0.0099 (1)	05017- 0:049 (2)	0.05- 0.099 (3)	0.1- 0.49	0.5- 0.99 (5)	1.0- 4.9 (6)	5 or more (7)	None (8)	0.1- 34.9 (9)	35- 64.9 (10)	65- 94.9 (11)	95- 100 (12)
A. Average	,1(7)	(1) में ये	52.00			1.6			1.60			
B. Maximum						1.60			1.60			

10. If any waste water, treated or untreated, is discharged to places other than surface waters, check below as applicable.

	Flow, MGD (million gallons per operating day)									
Waste water is discharged to	0-0.0099	0.01-0.049	0.05-0.099	0.1-0.49	0.5-0.99	1.0-4.9	5 or more			
arachar gea to	(1)	(2)	(3)	(4)	(5)	(6)	(7)			
A. Deep well				· · · · · · · · · · · · · · · · · · ·			<u> </u>			
B. Evaporation lagoon										
C. Subsurface percolation system										
D. Other, specify:										

11.	Is	anv	sludae	ultimately	returned	tο	а	waterway?
, , ,	4.3	wiij	31444	u i o i iliu ce i y	i e cui neu	vu	a	water way

A.□ yes

B. So no

12. a. Do you receive industrial waste?

1. Myes

2. 🗆 no

b. If yes, enter approximate number of industrial dischargers into system

13. Type of collection sewer system:

- A. & Separate sanitary
- B.□Combined sanitary and storm

C.□Both separate and combined sewer systems 14. Name of receiving water or waters 200th Fork

15. Does your discharge contain or is it possible for your discharge to contain one or more of the following substances: ammonia, cyanide, aluminum, beryllium, cadmium, chromium, copper, lead, mercury, nickel, selenium, zinc, phenols.

B.□ no

I certify that I am familiar with the information contained in the application and that to the best of my knowledge and belief such information is true, complete, and accurate.

Printed Name of Person

Date Application igned

Signature of Applicant

18 U.S.C. Section 1001 provides that:

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and wilfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations; or makes or uses any false writing or document knowing same to contain any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both.



Reply To

Attn Of: WD-134

FEB 2 4 1995

Nile L. Boyle, Mayor City of Rexburg 12 North Center Street Rexburg, Idaho 83440

Re: NPDES Permit ID0023817 CITY OF REXBURG WWTP

Expiration Date:

December 6, 1995

Dear Mayor Boyle:

The referenced National Pollutant Discharge Elimination System (NPDES) permit will expire on the date indicated. In order for us to reissue the permit, an application must be received at least 180 days prior to the expiration (40 CFR 122.21(a) & 122.6). If we do not receive your application by or before June 9, 1995, your current permit conditions cannot be continued in force until a new permit is written. An application form (Short Form A) is enclosed for your use. When completed, the form should be forwarded to the above address.

In addition, in accordance with the Clean Water Act of 1987, EPA must include sludge requirements in permits to protect the public health and environment. The form for submitting information on your current sludge practices is enclosed. We will contact you later if we need additional information on the City's sludge practices.

We also need to receive the results of whole effluent toxicity testing since the design plant flow exceeds 1 million gallons per day (mgd).

If you have any questions please call Jeanette Carriveau at (206) 553-1214 or Nickie Arnold of our Idaho Operations Office in Boise at (208) 334-9489.

Sincerely,

Jeanette M. Carriveau Water Permits Section

Enclosures

cc: IDHW - DEQ

ENTERED FEB 2 4 1995

Reply To Attn Of: WD-134

Nile L. Boyle, Mayor City of Rexburg 12 North Center Street Rexburg, Idaho 83440

Re: NPDES Permit ID0023817 CITY OF REXBURG WWTP

Expiration Date: December 6, 1995

Dear Mayor Boyle:

The referenced National Pollutant Discharge Elimination System (NPDES) permit will expire on the date indicated. In order for us to reissue the permit, an application must be received at least 180 days prior to the expiration (40 CFR 122.21(a) & 122.6). If we do not receive your application by or before June 9, 1995, your current permit conditions cannot be continued in force until a new permit is written. An application form (Short Form A) is enclosed for your use. When completed, the form should be forwarded to the above address.

In addition, in accordance with the Clean Water Act of 1987, EPA must include sludge requirements in permits to protect the public health and environment. The form for submitting information on your current sludge practices is enclosed. We will contact you later if we need additional information on the City's sludge practices.

We also need to receive the results of whole effluent toxicity testing since the design plant flow exceeds 1 million gallons per day (mgd).

If you have any questions please call Jeanette Carriveau at (206) 553-1214 or Nickie Arnold of our Idaho Operations Office in Boise at (208) 334-9489.

Sincerely,

Jeanette M. Carriveau Water Permits Section

Enclosures

cc: IDHW - DEQ

bcc: IOO

KE BURG 0023817



United States Department of the Interior

FISH AND WILDLIFE SERVICE

Boise Field Station 4696 Overland Road, Room 576 Boise, Idaho 83705



John W. Millar, P.E. Forsgren Associates P.O. Box 549 Rexburg, Idaho 83440

Subject:

City of Rexburg Wastewater Treatment Plant

Species List and Review of Environmental Assessment

(1-4-93-SP-151 File #970.3401)

Dear Mr. Millar:

The U.S. Fish and Wildlife Service (Service) is writing to provide a species list and comments on the Environmental Assessment (EA) for the proposed new wastewater treatment plant for the cities of Rexburg and Sugar City. appears that this project will provide an environmentally safer system for treating the two communities' wastewater. Based on recent problems with the existing system, the renovations appear to be necessary.

We have enclosed a list (Enclosure A) of endangered and threatened, proposed, and/or candidate species that may be present in the proposed project area. The list fulfills the requirements of the Service under Section 7(c) of the Endangered Species Act of 1973, as amended (Act). The requirements for Federal agency compliance under the Act are outlined in Enclosure B. Please refer to the species list number in all subsequent correspondence and documents. If construction of the project is not commenced within 180 days of this response, a subsequent species list request is required by regulations.

Section 7 requirements for this project have been discussed in a February 8, 1993 telephone conversation between Willie Teuscher of Forsgren Associates and Alison Beck Haas of my staff. A Biological Assessment/Evaluation (BA) for wintering bald eagles should be prepared for this project. Because of the physical proximity of the two projects, much of the background work for the wastewater facility BA has been completed during analysis for the Rexburg Airport project. As Mr. Teuscher was told, the project descriptions and impacts will vary between the two BAs, but much of the other information will be the same. We are available to provide review and consider concurrence with your BA for the wastewater treatment system whenever it is complete. We recommend that in the BA for the wastewater treatment system, that you compare the existing system with the proposed new system and use that as a basis for your analysis of the potential effects on wintering bald eagles.

The Service will not make detailed comments on the Environmental Assessment (EA) for the project. However, we have some general comments and questions

for your consideration. First, it is unclear whether a new NPDES permit will be applied for, or if the existing permit will be amended to reflect the changed system at the Rexburg wastewater facility. The Service expects that the EPA has provided you and the City of Rexburg with substantive comments and recommendations concerning the proposed project, regardless of the status of the NPDES permit.

Second, some components of the project are difficult to understand based on information provided in the EA. We recommend that the document include a concise but complete schematic description of the system components and the process; this should be provided for at least the preferred alternative, and preferably the existing system and all alternatives considered.

Third, the Service recommends that the EA provide a much more detailed explanation of alternatives considered and specific rationale for rejecting alternatives. In order for a reviewer to determine whether the preferred alternative is truly the most environmentally sound, far more information than that provided on page 19 should be provided. A table or chart can be an effective way of displaying relative effects of various alternatives.

We appreciate having the opportunity to review the EA for this project. If you have questions or comments, please contact alison Beck Haas of my staff at (208)334-1931.

Sincerely

Charles H. Lobdell Field Supervisor

cc: FWS-ES, Portland
City of Rexburg
DEQ, Boise (Al Stanford)
EPA, Boise
IDFG, Idaho Falls

LISTED AND PROPOSED ENDANGERED AND THREATENED
SPECIES, AND CANDIDATE SPECIES, THAT MAY OCCUR
WITHIN THE AREA OF THE CITY OF REXBURG WASTEWATER TREATMENT PLANT PROJECT
IN MADISON COUNTY, IDAHO
FWS-1-4-93-SP-151

LISTED SPECIES

COMMENTS

Bald Eagle (Haliaeetus leucocephalus)

Wintering area

PROPOSED SPECIES

CANDIDATE SPECIES

Pygmy Rabbit (C2)
(Brachylagus idahoensis)

GENERAL COMMENTS

C2 = <u>Category 2</u> Taxa for which information now in possession of the U.S. Fish and Wildlife Service indicates that proposing to list as endangered or threatened is possibly appropriate, but for which conclusive data on biological vulnerability and threat are not currently available to support proposed rules. Further biological research and field study may be needed to ascertain the status of taxa in this category.

FEDERAL AGENCIES' RESPONSIBILITY UNDER SECTIONS 7(a) AND (c) OF THE ENDANGERED SPECIES ACT

SECTION 7(a) - Consultation/Conference

- Requires: 1) Federal agencies to utilize their authorities to carry out programs to conserve endangered and threatened species;
- 2) Consultation with FWS when a Federal action may affect a listed endangered or threatened species to insure that any action authorized, funded or carried out by a Federal agency is not likely to jeopardize the continued existence of listed species; or result in destruction or adverse modification of critical habitat. The process is initiated by the Federal agency after determining the action may affect a listed species; and
- 3) Conference with FWS when a Federal action is likely to jeopardize the continued existence of a proposed species or result in destruction or adverse modification of proposed critical habitat.

SECTION 7(c) - Biological Assessment for Major Construction Activities $\frac{1}{2}$

Requires Federal agencies or their designees to prepare Biological Assessment (BA) for major construction activities. The BA analyzes the effects of the action² on listed and proposed species. The process begins with a Federal agency in requesting from FWS a list of proposed and listed threatened and endangered species (list attached). If the BA is not initiated within 90 days of receipt of the species list, the accuracy of the species list should be informally verified with our Service. The BA should be completed within 180 days after its initiation (or within such a time period as is mutually agreeable). No irreversible commitment of resources is to be made during the BA process which would foreclose reasonable and prudent alternatives to protect endangered species. Planning, design, and administrative actions may be taken; however, no construction may begin.

We recommend the following for inclusion in the BA; an onsite inspection of the area to be affected by the proposal which may include a detailed survey of the area to determine if the species are present; a review of literature and scientific data to determine species' distribution, habitat needs, and other biological requirements; interviews with experts, including those within FWS, State conservation departments, universities and others who may have data not yet published in scientific literature; an analysis of the effects of the proposal on the species in terms of individuals and populations, including consideration of cumulative effects of the proposal on the species and its habitat; an analysis of alternative actions considered. The BA should document the results, including a discussion of study methods used, any problems encountered, and other relevant information. The BA should conclude whether or not a listed or proposed species will be affected. Upon completion, the BA should be forwarded to our office.

 $^{^{1/}}$ A major construction activity is a construction project (or other undertaking having similar physical impacts) which is a major action significantly affecting the quality of human environment as referred to in the NEPA (42 U.S.C. 4332 (2)(c).

^{2/ &}quot;Effects of the action" refers to the direct and indirect effects on an action on the species or critical habitat, together with the effects of other activities that are interrelated or interdependent with that action.